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ABSTRACT

Children with learning disabilities are considered with reference to educational needs, professional knowledge, characteristics, definition, and incidence. Administrative solutions are then delineated, including early identification, special classes, resource rooms, supportive and consulting personnel, inservice education for regular class teachers, and longitudinal programing ranging from preschool through high school. (JD)

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ADMINISTRATIVE DESIGN AND ORGANIZATIONAL PROCEDURES FOR WORKING WITH EDUCATIONALLY HANDICAPPED CHILDREN*

by
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There is much current interest in the child who is not learning in school. During the past ten years we have seen the growth of both parent organizations and professional organizations interested in such children. I have just returned from the seventh annual convention of the Association for Children with Learning Disabilities where three thousand, five hundred (3500) parents and professionals from all parts of the country met to ponder and discuss the problems of this kind of child. Throughout the history of this organization all have been consistently impressed by the attendance at such meetings and conferences, not only on the national level but on the state and local levels as well. Parents are certainly concerned about their children who appear to be strikingly normal but still present the school and home with very severe and perplexing problems.

Articles have appeared in the press, many in national magazines, one recently in the September issue of Reader's Digest entitled, "A Triumph for Kenny", by Irving Dickman. It is a father's story of his son's struggle to achieve an adjustment to life. The story culminates with the boy's successful bar mitzvah. In the first week of publication, the national office of ACLD received 1,800 letters asking for more information about the child with learning disabilities. The address of the association was given only as a small footnote.

Recently a mother wrote to Ann Landers about her son who had

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"dyslexia". Miss Landers in her column referred her to the Study Commission on Dyslexia and Related Reading Disorders in the National Institute for Health. The executive director of the commission received 6,000 letters and phone calls within a week and had to hire a mailing and answering service to manage the load.

More and more the professional community is turning its attention to the child with learning disabilities. A division for children with learning disabilities has recently been established within the Council for Exceptional Children. Seventeen states now cover this child in their state codes relating to the handicapped. Federal legislation has already been passed by both the House and Senate that will authorize up to $63,000,000 over a period of three years. The fact that this topic has been included among the many other pressing administrative problem areas at this conference further attests that consideration of the child with learning disabilities is an idea that has reached its time in history. All concerned admit that the child who is not learning in school at this time is truly a handicapped child.

Up to fifty years ago children who did not learn in school were not a problem. At that time the elementary and secondary schools were seen as a screening agency to <u>select</u> the academically fit from the unfit. After a few years of unsuccessful performance in school, during which many strong measure were taken by the school authorities, most of which were applied to the seat of the pants with a paddle or a dunce stool, the family and the school would then come to the conclusion that the pupil was not

"book-bent" and suitable employment would be found. Many of these pushouts or dropouts grew up to achieve positions of great respect in the community. In fact many of them have attained positions on our boards of education.

Thomas Edison, as we read his biography, displayed signs of an educationally handicapped child. He was eliminated from first grade as "incorrigible" because he could not be taught to read. He was individually tutored by his mother who was a teacher and grew up to create the concept of organized industrial research on which a major portion of our economy now depends. Yet, Thomas Edison, if he were a youth today, could not gain entrance into some of our public vocational schools here in New Jersey unless his reading was average for his age, and he could not be employed in many of the industries he created, certainly not in industrial research, unless he had at least a college degree. The rising need for academic credentials, or the "credentials barrier" as it is sometimes called, is creating more and more children we are calling "educationally handicapped".

Recently, I learned from a parent that her husband, a building contractor, could not hire his own son as an apprentice. It appeared to be the most reasonable solution to the boy's problems because he had attained age nineteen but could not pass the sophomore class in high school. She explained that her husband ran a union shop and the boy could not become a member of the union until he had a high school diploma.

Changes in our national educational philosophy has also brought the poor learner into clearer focus. We no longer accept the position that we are a screening agency but rather we agree

that all children have a basic right to an appropriate and adequate education. Compulsory attendance laws have been passed that have produced a captive population of "les miserables" who cannot leave school nor can they succeed at learning but, become prisoners serving out their time until they reach the age at which they can leave school. In the process, self-esteem is gradually eroded away and their reaction is inevitably passive or openly rebellious. As we experience the hostility these youngsters project upon us, our attention is drawn to larger numbers than we have ever thought possible and, since we can no longer get rid of them, we must plan for them.

Another fact that has brought this child to our attention is that great changes have taken place in basic knowledge on the part of professional people in the medical and behavioral sciences. At about the turn of the century, Binet advanced the idea of the educability of intelligence and coined the term, "mental orthopedics". His concept was that direct intervention could be taken to improve a child's intelligence. A little later, Dr. Maria Montessori of Italy devised her methods and didactic materials and used them with disadvantaged preschool children. Subsequently, the work of these people was totally eclipsed by the Freudian movement that placed emphasis on the psychosexual development of the youngster together with the dynamics of his personality interacting with the variables found in his environment.

In the early fifties, when I began my training as a school psychologist, it was quite the accustomed procedure when we found a child with average mental ability, not showing adequate progress in school, diagnose him as "emotionally disturbed".

We then began a long search to try to find the etiology of his conflict with authority which was supposed to be interfering with his educational development. We began to look for over-indulgent mothers and overly-strict fathers or vice versa. It was also advanced by some of the psychiatric profession that the reason these children did not learn to read was that there was a subconscious fear that they would discover disturbing information about sex. Since the child perceived this as highly threatening because of the taboos he had assimilated from his family, he tended to avoid reading as a defense. This is a view that is still held by many analytically oriented psychiatrists today. It was not unusual at that time, when we found such a child, to refer him for psychotherapy. This was a process from which we did not expect results for, at least, a period of years. It was not unusual after this waiting period to find a youngster feeling better about himself, relating better to people, but still not learning.

In the late fifties some psychiatrists began to be aware that something other than psychotherapy was needed, particularly when they found that those youngsters who were receiving psychotherapy and tutoring were learning to read. About that same time there began to be reports of educational success with brain-injured children reported by Strauss, Lehtinen and Kephart. Most attention, however, became focused on the concept of brain damage and less on educational management. The term, "brain-injured", began to be applied to some youngsters when no actual evidence of brain-injury existed but merely because they behaved in a similar

fashion to children who were known to be brain-injured. Many professional people, however, accepted this particular concept as a welcome change from the more esoteric and abstract theories of the psychoanalysts.

The Montessori method has been brought back into popularity. The concept of the educability of intelligence has also become popular again as "learning how to learn". In almost three-quarters of a century we have come full swing and many educators are now focusing on the concept of specific learning disabilities as a valid concept.

What is an educationally handicapped child? What does it mean? What are the symptoms? I regret to say that there is no simple listing of symptoms of this particular condition. Educationally-handicapped children are not a homogeneous group. I know of no area in general or in special education where there has been more conflict over terminology. In the past, most terms have tended to label or categorize. When these labels or categories were based on the child's IQ, he was called dull-normal or a slow learner; or he might be labeled emotionally-disturbed if his IQ were high enough and there were signs of conflict and unhappiness. Other terms were based on medical etiology such as brain-injury or minimal cerebral dysfunction. Others tended to pertain to certain observed behavioral deficits such as perceptual handicaps or hyperactivity. Some have been based on the theoretical constructs of certain professional writers such as the interjacent child or the "shadow" children.

Some years ago a study was funded jointly by the National

Institute for Neurological Diseases and Blindness and the National Society for Crippled Children and Adults (The Easter Seal Foundation). In this study, the first of three phases, an attempt was made to describe terms and symptoms. The survey of one hundred current books on the subject revealed that thirty-eight different terms were used to describe the same child and three hundred twenty different symptoms were listed. An item count of the appearance of the various symptoms revealed ten that appeared most often. Nine of these ten are entirely behavioral observations with educational relevance and include such descriptions as hyperactivity, short attention span, distractability and difficulty in reading, writing, spelling and calculation. Equivocal neurological signs, the only symptom with medical relevance, appears as number ten. This study proposed the use of the term "minimal cerebral dysfunction" and there appeared to be an agreement on the use of this term in medical circles as most descriptive of the condition. It has had little relevance to the education, however, in terms of suggesting appropriate educational strategies. To quote Dr. Samuel Kirk, "It matters little whether a child's reading disability results from a lesion in the angular gyrus when it comes to providing an appropriate educational program for him." For this reason, educators have been in search of a more relevant term. We are now focusing on the term "children with specific learning disabilities". This is the term that is accepted and used by the Bureau of the Education of the Handicapped. It is stated as follows:

> "Children with specific learning disabilities, exhibit a disorder in one or more of the basic psycho-

logical processes involved in understanding or in using spoken or written languages. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling or arithmetic. They include conditions that have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia, etc. They do not include learning problems which are due primarily to visual, hearing or motor handicaps, to mental retardation, emotional disturbance or to environmental disadvantage."

This is the definition that is used in the legislation previously mentioned. It is a term that has educational relevance and has meaning for the teacher in the classroom because it describes youngsters who are not achieving in the basic school subjects. Also, by stressing what the child is not, it brings focus on his learning problems about which the school can do something. With this outlook, it is no longer necessary to refer the child to some other professional practitioner outside of school for a solution to the problems that take place in the classroom. It suggests that the poor learner is not primarily disturbed and that his poor learning condition is not the result of his disturbance but suggests rather that his disturbance may be the result of his failure to learn. This definition clearly eliminates this child from the population of the mentally retarded stressing that he has normal or potentially normal capacities.

The National Advisory Committee has suggested that the incidence of this condition is one to three per cent of the total school-age population. They add, however, that this

represents only the most severe fringe. Other estimates go as high as twenty per cent. However, most agree that less than one per cent need special classes. About four to seven per cent need special supplemental instruction as they remain in the main stream of school and the remainder can make it on their own if they hav- teachers who understand the condition and can accept the idea that a bright child <u>can</u> have a constitutional difficulty in learning which is beyond his power to overcome by his own effort.

There is no simple administrative solution to the child with learning disabilities in our schools. We cannot solve the problem by simply providing special classes in which children who have been diagnosed are catergorized and placed away from the main stream. As previously mentioned, most of the children who need educational intervention for learning disability should not be placed in a special class but should remain in the main stream while they receive special supplementary services. These are complicated to administer. Dr. Samuel Kirk who coined the term "specific learning disabilities", said recently that learning disability is the bridge between general and special education since it encompasses general and special education. Because of the lack of homogeneity in the behavior of these children, a more total organizational approach is needed that will take into consideration each child's unique learning style, the sensory modalities involved, and the differences in the severity of the condition. Certainly, more intensive management in special education classes is needed as the condition reaches the more severe fringe of this population. Incidence figures suggest that there are enough children in any one school system to make it feasible to provide

programs, however, limitations may exist in the variety of programs that can be planned. These, in some areas, have been resolved by several districts pooling services, at least, for those children who do need special class placement. Those who should remain in the main stream and receive supplemental support, together with those who do not need any special educational intervention but do need more understanding from their teachers, represent a population that is large enough to demand appropriate management in any school system.

Currently, there is much agreement that a comprehensive strategy should begin with early identification and provision should be made for those who need special class placement. Provision should also be made for those who remain in the main stream in the form of supplemental support. The services of consulting personnel to support the regular classroom teacher is also essential. In-service training for regular classroom teachers should also be included in any comprehensive plan since the larger segment of this population will be managed by the enlightened teacher. If <u>significant</u> changes are going to be made, the child must be identified and given services during the preschool years. All of these features should be organized into a longitudinal plan that will provide for the child at all age levels because we are finding that many problems that appear resolved in the earlier years of school tend to recapitulate themselves in the secondary years in the form of social difficulties.

Let us now consider each of these tactical features in turn.

First, early identification. Research practically shouts

that the earlier we take interventive action to correct or ameliorate learning disabilities, the more success we can expect. Research has also suggested that the best time to correct a developmental deficit is during the time when that developmental process is undergoing its greatest period of growth. For example, the best time to remediate a language disorder is during the preschool years when the child is acquiring the greatest portion of his oral vocabulary. Some writers feel that the perceptual handicaps are rather non-plastic and difficult to remediate after age eight. Fundamental to a good program of early identification is a good kindergarten program. A well-trained and experienced kindergarten teacher can spot the child with learning disabilities quicker than any other professional person. It has been my experience with kindergarten teachers of this kind, together with group-readiness testing and individual evaluation of those who have been screened out, that we can be 99% effective in discovering the child with learning disabilities in kindergarten. I can, however, never underestimate the role of the teacher. A few years ago I studied the records of high school graduates who had spent their entire school experience in the same community. From this population I selected those who graduated in the upper quarter of their class and those who graduated in the lower quarter, and reach each of their cumulative school records completely. I was attempting to discover factors that would predict learning difficulties at the earliest possible stage. I found when I read the kindergarten teacher's narrative report and interpreted it as "positive" or "mostly positive", or "negative" or "mostly negative", there was a definite correlation.

Those on whom the kindergarten teacher reported positive findings tended to end up in the upper quarter of the class. Those on whom negative comments were made such as their slowness or lack of clarity in speech and language, poor coordination, poor socialization, or lack of independence, or just generalized "immaturity" tended to end up in the lower quarter. It was interesting to note that little appropriate intervention had been taken in the cases of most of the youngsters found in the lower quarter before fifth grade.

It is highly important that we not wait--that we begin a program of developmental training as early as possible. This can be appropriately done within the kindergarten itself, by the kindergarten teachers. The support of an educational consultant or, as we call them in New Jersey, "learning disability teacher consultants" can be of vast help in laying out an educational prescription for the kindergarten teacher to follow for helping the children who have been identified.

For the children who still need help at the close of their kindergarten year, an important decision must be made--probably the most critical decision to be made in the entire education of a child. Should he or should he not go on to first grade? To place a child in first grade to see how he will perform when there are strong doubts about his readiness to learn is like firing a gun to see if it is loaded. The amount of damage done in the first year of school when a child is not ready for the experience is inestimable. For some youngsters who show over-all developmental immaturity, the second year in kindergarten with supplemental

support is an appropriate solution. For many, however, administrators must decide whether the child will enter a special class or the mainstream of the school. One strategy recommended recently by De Hirsch and the staff of the Gesell Institute is a grouping that exists at a level between kindergarten and first grade. These groups are called "developmental classes", "connecting classes", or "interim classes". The strategy has been used successfully in many school districts. However, in placing children with learning disabilities in classes of this kind, the expectancy must be high. We must put them into a group of this kind expecting that they are going to return to the mainstream of school. A class of this kind should be in a regular elementary school and should not be shunted out of the school building into rented facilities. Experience has shown that the farther we remove the child with learning disabilities from the mainstream of school, the harder it is to implement his return to it. These groups should also be smaller than the regular first grades. Learning materials that intensively develop and reinforce the child's basic perceptual skills should be used. A class of this kind also needs the strong support of the learning disability teacher consultant.

For the more severe fringe of those children identified in kindergarten, a special class placement is indicated. These children so placed would be those whose difficulties were seen as extending beyond the second grade year. I know of no simple rule of thumb for determining which child needs a special class placement. This should depend to a great extent on the recommendation of what the laws of New Jersey call a <u>child study team</u> and must include a psychologist, a social worker, a learning

disabilities specialist and a physician, working jointly. I would caution that special class placement is a very critical decision because of the tendency to lower the expectancy of a child placed in a special class. A decision so important deserves the most careful consideration by several professional disciplines rather than the opinion of one person.

Our experience has shown that the children who have problems with behavior and would be disruptive in the regular classroom and those who need intensive behavioral modification techniques should be placed in such a special class. The children with severe communication disorders who cannot communicate orally are other youngsters who appropriately need special class placement but in a <u>different</u> kind of special class. Here, the class size should be limited to no more than eight children. We must remember that, in placing children with learning disabilities in the special classes, we are dealing with children who are very much aware of their surroundings. These are children who are hurt by being called "retarded", and are children who become increasingly more and more sensitive about their condition and their placement as they grow older.

I recently received from a parent a poem written by a fifteen year old boy attending a class for the educationally-handicapped in a California school district. It is a very well written poem which makes one wonder whether he really belonged in that kind of placement. He says:

"It is a place for people with problems
A cold, impersonal place,
Brought into life by instructors.
The problems reflect on their face.

People arrive from the districts,
Rejects from every place,
Coming to repair their problems.
The problems reflect on their face.

A true potpourri of people,
Ones who don't fit into place,
Not bad ones but sad ones, more likely.
The problems reflect on their face.

And when the school year has ended
and the board has seen every case,
But one boy emerges in triumph,
Elation is seen on his face.

But the others will return next year
To this unpopular place
To try to repair all their problems.
Discouragement shows on their face."

The larger proportion of children as I have said repeatedly remain in the main stream of school and receive supplementary support which comes in the way of individual or small group teaching that is usually supplemental to their regular school programs. Most school districts here in New Jersey hire the tutors as part-time employees and pay them an hourly rate. These are usually under the supervision of a member of the child study team--usually the learning disability teacher consultant. Other communities establish resource rooms within the district or, preferably, within each school building. I believe the latter choice to be better. There are certainly enough children in any school to make a resource room administratively feasible. It is important to consider that the resource room is not only for handicapped children but is useful also to the regular classroom teachers who have problem leraners in their classes. I worked in one community where we established such a program and found that, in the four elementary schools serving approximately 1,700 children,

we had only eight in special classes for the children with learning disabilities but seventy were receiving intensive help in the resource rooms located in each building. The most interesting development as a result of this experience was the number of regular class teachers who began to draw on the materials and consult with the resource teacher. We found also when we selected four of our best elementary teachers who had had successful experiences with these children as they found them in their regular classrooms, that they responded very quickly to an in-service training program and produced the best results we have seen.

Interesting things happen as a teacher works individually in a one-to-one situation with a child. First, it requires the utmost in teaching creativity. When one child in a classroom is not learning what the teacher is attempting to teach, the teacher is not under such compulsion to alter her approach as she would be if she were working with one child alone. One-to-one teaching has almost become a specific for the child with learning disabilities because of constitutional problems of poor feedback or self-correction. For this reason the child needs all of his errors corrected immediately at the moment he makes them.

In a resource room, after a period of individual instruction, when the child has begun to sustain independent work, he can then be managed in a small group wherein each child independently works on his individualized program but separated, usually in study carrels. Much of the instructional information can be programmed onto tape recordings. For example, we found that we could reinforce much silent reading by reading lessons from reading skill texts onto tape and structuring it in such a way that the child

could follow the reading as it was read back to him from the tape recorder through earphones. Programs and structural materials are also highly useful in this setting, particularly when they are used in connection with teaching machines that have a built-in self-corrective process.

I feel most strongly that fundamental to any successful program for children with learning disabilities is a specialist on the school staff in a consultive position. Here, in New Jersey, as mentioned before, all handicapped children must be identified and evaluated by a child study team before classification can be made. The rules and regulations that implement our special education laws have specified that the child study team shall consist of a school psychologist, a school social worker and a learning disabilities teacher consultant. This person has a rather unique role. It is his job to provide the educational diagnosis in the team process. For this reason he must be able to obtain information from the child's total educational history--from observations in the classroom, from educational diagnostic tests administered by him together with processes of clinical or diagnostic teaching. In this respect, he would see the child for an extended period of time in a tutoring situation to discover the child's unique learning style. From this he prepares an initial teaching prescription. He functions on the child study team in the input process together with the psychologist and school social worker and physician at an eye-to-eye level and participates in the process from which diagnosis and recommendations are made. He then participates in the output processes where the recommendations as they pertain to the instructional program are implemented.

It has been our experience that this person is usually the one who makes the most important contribution. The learning disability teacher consultant is the person who trains and supervises the tutors and offers support to the special class teachers and the regular teaching staff. He supervises the educational plan for each of the children classified as handicapped. Guidelines set up by our State Department of Education for selecting learning disability teacher consultants specify, first and foremost, that he must have the respect of the regular teaching staff and, for this reason, they require at least three years of teaching experience in order to qualify. Training is at a Master's level and, in many cases, tends to go beyond.

As I stated before in the remarks about early identification, the early school years become vitally important in resolving learning difficulties. Research suggest that it is not out of the question that a child well managed in his preschool years may not be seen as a problem when he enters school. No matter what your feelings are, as they pertain to a public school taking the responsibility for children below five, I believe that we are on the threshold of moving in that direction, at least, for handicapped children. You are aware, I am sure, of legislation that has provided Federal monies for the preschool education of handicapped children. Preschool education is being considered in legislation presently pending in New Jersey. It is the wave of the future and I am sure we are going to become involved in it. Many of the processes on which a child's learning depend develop prior to age five at a time when the developmental processes are most plastic and when the greatest intervention can be

made in their development. The identification of the preschool handicapped child, therefore, will be a considerable challenge for the educator and will depend almost entirely on procuring the support of the community's physicians. When we get to the other end of the scale, the high school years, we find that most of the severe problems of achievement in the basic tool skills have been resolved. The child with learning disabilities, typically, can read and write although his spelling is pretty miserable and his handwriting is usually very poor. He usually has good mathematical concepts but is subject to many computational errors so that his answers are usually very poor. He usually has good mathematical concepts but is subject to many computational errors so that his answers are usually wrong. In short, the child in the secondary school has achieved minimal levels of functional literacy. In most instances, however, his level of achievement has not reached the minimal expectations for passing grades in even the lowest track in the general high school program.

We are presently administering a program in the high school where we have established, not a special class or a resource room, but four special courses. These, we call, "Small Group Intensive Instruction" courses which are organized in English, social studies, science and mathematics and are keyed to a vocational training program that focuses on early work-study. Inside of school we are offering simulated work experiences with the more socially handicapped of this group. Others, we are putting into semi-skilled jobs within the community.

We must consider, when we are working with the educationally-handicapped child, that we are dealing with one who is much more normal than abnormal. In more instances, as he matures, he is not out of touch with his age group socially. It is only in the academic classroom that he has his more severe problems. However, we have reached a point in time where the uneducated are going to become more and more unemployable. It is, therefore, economically important that we provide for these youngsters in their school years because, I regret to say, the self-made man is a thing of the past. Many of these young people, if they do not complete a basic edcuation, will not be given an opportunity for placement in jobs that they certainly have the capacity to perform. It is for this reason that the parents of these children are most concerned. They are a most frustrated group because they can see the potential in their child but, oftentimes, have difficulty communicating this to the school. They hope, as other parents, to see their child achieve successful independence. It is for this reason that they are banding together to put pressure on state and federal legislators and the local boards of education to provide services for their children. Of all the handicapped, however, no child has a better potential for success than the child with learning disabilities.